

Site Accreditation Report – Glory House

Completed: March 26-27, 2018

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Outpatient Services

Clinically Managed Low-Intensity Residential Treatment Program (3.1)

Review Process: Glory House was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 87.3%

Combined Client Chart Review Score: 86.4%

Cumulative Score: 86.5%

ADMINISTRATIVE REVIEW SUMMARY

Strengths:

The agency has a strong leadership team which is invested in their staff and ensuring the agency has quality staff. The agency has monthly staff trainings to help develop staff along with partnering with others for additional trainings including trauma focus training. . Staff interviewed reported positive feedback about the agency. Supervision provided to the staff is done in a manner that models a commitment to quality assurance. The agency has built many partnerships with other entities in the community including workplaces that call for employment opportunities for clients as they have had a positive relationship with the agency in the past.

Recommendations:

1. The agency has a detailed policy and procedure in accordance with ARSD 67:61:06:04 related to grievance procedures. The grievance forms should be updated to contain the current Division of Behavioral Health name, address (700 Governor's Drive, Kneip Building, Pierre, SD 57501), and phone number (605-773-3123), so that clients have the correct information to contact if needed.
2. The agency director's qualifications, authority and duties are defined in writing. The agency does have this in writing; however needs to be updated to add the director is knowledgeable of substance use disorder services to ensure full compliance with ARSD 67:61:05:02.

Plan of Correction:

1. The agency shall update their policies and procedures manual to establish compliance with ARSD 67:61:04:01. The agency's policy and procedure manual still referenced the old ARSD 46:05 and need to be updated to reference ARSD 67:61.
2. Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events. Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours. The agency discussed having an internal policy and procedure surrounding sentinel events, however, Glory House does not have a formal written procedure, the agency needs to create a policy and procedure to ensure full compliance with requirements of ARSD 67:61:02:21.
3. The client rights form needs to be updated to reflect the current ARSD 67:61:06:02. This went into effect in Dec. 2016. Two of the six guaranteed client rights should be updated to clearly identify all client rights. The following items from this Rule need to be added:
 - iv. To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
 - vi. The right to participate in decision making related to treatment, to the greatest extent possible

The client rights form shall also be posted in a place accessible to clients and copies shall also be available in locations where clients can access them without making a request to agency staff. The client's rights could not be found posted in an accessible place for clients.

4. According to ARSD 67:61:05:05, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment and document all elements of ARSD within the orientation process. The personal files reviewed appear to be missing:
 - iii. The proper maintenance and handling of client care records;
 - vi. Specific job descriptions and responsibilities of the employee;
5. According to ARSD 67:61:05:12, each SUD agency shall routinely check the Office of Inspector General's (OIG) List for excluded individuals related to Medicaid reimbursement. Please develop policies and procedures to check that each new hire, as well as current employees, are not on the excluded list and ensure compliance with these new Rules which went into effect December 2016. The personnel files reviewed did document that the OIG Medicaid Exclusion list was checked once upon new hire for employees, but did not have routine checks of current employees.
6. The agency has a policy and procedure on the storage of records but needs to ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04. The Rules now clearly define inactive clients and the timeframe in which case closure is needed.

7. Each residential program shall have the telephone number of the regional poison control center, the local hospital, and the agency administrator posted in all drug storage and preparation areas according to ARSD 67:61:08:02-14. When reviewing the women's building; this contact information was not found in the medication area.

CLIENT CHART REVIEW SUMMARY

Strengths:

The integrated assessments show what stage of change the client is in for each section of the assessment. The integrated assessments also have the diagnosis within the clients using history. The clients interviewed shared positive feedback regarding the services provided by the agency and reported they would recommend the services to others. Clients reported they liked the "set up" of the agency. The clients had involvement with developing their treatment plans.

Recommendations:

1. The agency shall ensure the correct Annual Financial Eligibility and Mean Testing form is completed. The agency was using forms dated from 2016 in some of the charts; however did have correct forms in other charts reviewed. Ensure the old forms are no longer used in client charts; the 2018 financial form is currently on the DSS website for agency use.
2. The agency did cover all of the required elements in the integrated assessments per ARSD 67:61:07:05; however, there is only a check box of yes or no regarding trauma and hallucinations/delusions, the assessments would benefit from expanding and explaining the clients trauma and hallucinations/delusions, if applicable.
3. According to ARSD 67:61:07:08, the progress notes for each billable service need to contain:
 - i. Information identifying the client receiving services, including name and unique identification number;
 - ii. The date, location, time met, units of service of the counseling session, and the duration of the session;
 - iii. The service activity code or title describing the service code or both;
 - iv. A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives;
 - v. A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable;

The progress notes were missing the unique identification number, units of service, and or duration of the session. The descriptions of what occurred during the sessions and what the client and provider plan to work on during the next sessions was vague in certain areas and should be individualized to the client's treatment goals.

Plan of Correction:

1. Continued Service Reviews for Level 1.0 need to be completed every 30 days per ARSD 67:61:07:07. Six of the eleven charts reviewed did not have a continued service review completed within the 30 day timeframe. Develop a procedure to ensure continued service reviews are completed every 30 days.
2. A transfer or discharge summary shall be completed upon termination or discontinuation of services according to ARSD 67:61:07:10. In review of charts that required a discharge or transfer summary; ten out of the nineteen charts were missing one or more of the following requirements:
 - A transfer or discharge summary completed within five working days;
 - A transfer or discharge summary on the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record;
 - If client prematurely discharges from services, reasonable attempts are made and documented to re-engage client into services.
3. Each client shall be provided a minimum of 5 hours for low intensity residential and 9 hours for those clients attending intensive outpatient services according to ARSD 67:61:14:03, 67:61:16:03. In review of the intensive outpatient charts, one of five charts did not meet the minimum requirement of 9 hours. In review of the low intensity residential services, three of the eight charts reviewed did not meet the minimum requirement of 5 hours.
4. According to ARSD 67:61:07:12, a tuberculin screening for the absence or presence of symptoms shall be conducted within 24 hours of admission into services to determine if the client has had any symptoms within the previous three months. Of all the charts reviewed, fifteen out of twenty-one charts were missing documentation the screening was completed within 24 hours after admission or onset of initial SUD services. Develop a policy to ensure the TB screening is completed within 24 hours after admission or onset of initial services.